

June 6, 2001

**ASSIGNMENT OF STATION NUMBER SUFFIX IDENTIFIERS FOR
COMMUNITY-BASED OUTPATIENT CLINICS (CBOCs)**

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides guidance for the assignment of station number suffix identifiers for community-based outpatient clinics (CBOCs).

2. BACKGROUND

a. In 1994, VHA issued a policy for establishing outpatient clinic suffix identifiers. At that time, outpatient clinics were classified by number of visits and station number suffix identifiers were based on clinic workload. In November 1997, VHA issued a revised policy with new definitions for outpatient clinics that no longer classified clinic suffix identifiers by number of visits. Under that policy, station number suffix identifiers were assigned and activated based on a facility's notification to VHA Headquarters of the activation of a clinic. With an increased emphasis on the establishment of new CBOCs, VHA recognized the need to improve mechanisms to track CBOCs as soon as they receive Congressional endorsement and Under Secretary for Health approval. This policy replaces the existing policy for acquiring and activating suffix identifiers and provides a mechanism for improved tracking and reporting of CBOC workload. Under this revised policy, suffix identifiers are to be assigned at the time a CBOC is approved and endorsed. The station suffix identifier will be later activated upon a facility's 30-day notification to VHA Headquarters of the CBOC's activation. Outpatient clinics will no longer be categorized based on their achieved or projected number of outpatient visits as previously defined in Manual M-9, Chapter 9, Change 4, Appendix 9G, "Criteria and Standards for New Outpatient Services Remote from VA Medical Centers."

b. Outpatient clinics will not be sub-categorized by the type of medical or mental health care they are providing. Suffix identifiers for CBOCs will no longer imply a designated category.

c. The suffix modifier ranges for satellite outpatient clinics (BY-B9) and outreach clinics (HA-HJ) will no longer be used as suffix identifiers for CBOCs and will be retired.

d. Definitions

(1) **Hospital-Based Clinics.** Outpatient clinic functions located at a parent facility.

(2) **Independent Clinics.** A full-time, self-contained, freestanding ambulatory care clinic that has senior management, program, and/or fiscal functions.

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(3) **Mobile Clinics.** A specially equipped van with multiple scheduled stops providing outpatient care. A mobile clinic is under the management jurisdiction of a parent medical facility.

(4) **Community-Based Outpatient Clinics (CBOCs).** A Department of Veterans Affairs (VA)-operated, VA-funded or reimbursed site of care geographically distinct and separate from a parent medical facility. This term encompasses all types of VA outpatient clinics, except hospital-based, independent and mobile clinics. Satellite, community-based and outreach clinics are redefined as CBOCs. CBOCs are not sub-categorized based on the number of projected or actual outpatient visits or by the type of health care service(s) provided. A CBOC can provide primary, specialty, subspecialty, mental health care or any combination of health care delivery services that can be appropriately provided in an outpatient setting.

3. POLICY: It is VHA policy that all outpatient clinic facilities be provided a station number suffix identifier using the suffix modifier range previously reserved for community-based clinics (GA-GZ, JA-JZ, and J1-J8).

a. All new CBOCs must be approved by the Under Secretary for Health and Congressionally endorsed.

b. Suffix identifiers will be assigned at the time a new CBOC is approved. The station suffix identifier will be activated later upon a facility's 30-day notification to VHA Headquarters of the CBOC's activation.

(c) The workload associated with these CBOCs must be reported along with the assigned facility numbers and suffix identifiers.

(d) The suffix identifiers currently assigned to outpatient clinics will not be changed.

4. ACTION

a. Assignment of the Station Number Suffix Identifier

(1) As new CBOCs are approved and endorsed, the Assistant Deputy Under Secretary for Health (10NS) will submit a formal request to Information Management Service (045A4) to reserve a station number suffix identifier. The request must include the network, name of the CBOC(s) and parent facility(ies).

(2) Information Management Service (045A4) will reserve station number suffixes for newly-approved CBOCs within 10 working days after receipt of the request, and will formally notify the Assistant Deputy Under Secretary for Health (10NS) and Office of Policy and Planning's (105) field-based Planning Systems Support Group (PSSG), located at the Gainesville, FL, VA Medical Center (00S/T3).

(3) The Assistant Deputy Under Secretary for Health (10NS) will notify networks of new station number suffixes via Outlook. The PSSG utilizes this information to update the VA Site

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Tracking (VAST) database. **NOTE:** *New station number suffixes will not be activated at this point.*

b. **Activation of the Station Number Suffix Identifier**

(1) Requests to activate station suffix identifiers for new CBOCs must be submitted in writing by the parent facility Director through the appropriate Veterans Integrated Services Network (VISN) Director and Assistant Deputy Under Secretary for Health (10NS) to the Director, Information Management Service (045A4). Copies of requests will be sent, by the parent facility, to the PSSG, Gainesville VA Medical Center (00S/T3). Requests to activate the facility suffix identifier are to be made at least 30 days prior to activation of the CBOC.

(2) All requests must include the following information:

(a) Name of CBOC.

(b) Previously assigned station suffix to be activated.

(c) Address: street, city, state and zip code.

(d) For contracted sites, the number of sites of service included in the contract.

(e) Activation date.

(f) Parent facility name and number.

(3) Within 15 working days after receipt of the official request, Information Management Services (045A4) activates the station number suffix identifiers and makes appropriate distribution of the activation notification within VHA Headquarters. **NOTE:** *Information Management Service (045A4), in coordination with VHA's Office of Policy and Planning (105) is the official Department source for inquiries regarding the total number of outpatient clinics in operation.* The Assistant Deputy Under Secretary for Health (10NS) notifies the respective network of the activated station number suffix identifier.

c. **Requests to Change Station Number Suffixes.** Requests to change station number suffixes, due to facility integrations or closures, will be submitted in writing by the parent facility Director through the appropriate Network Director and Assistant Deputy Under Secretary for Health (10NA) directly to the Director, Information Management Service (045A4).

d. **Data for all VISN Workload Management (VWM) Reporting Systems.** Data for all VWM reporting systems can be accessed by field stations through the Financial Reporting System at the Austin Automation Center. The most recent listing should be reviewed to determine if outpatient VWM workload has been accurately reported to the appropriate facility number. If it is determined that workload for any outpatient program(s) is not accurately reflected for the proper station number, corrective action will be required. Veterans Information

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Systems Technology Architecture data change instructions are included in the Patient Information Management System Programs.

5. REFERENCES

- a. VA Manual MP-1, Part II, Chapter 34, VA Uniform Station Numbering.
- b. VHA Supplement to MP-1, Part II, Chapter 34.
- c. MP-6, Part VI, Supplement 1.2.
- d. M-9, Chapter 9, Change 4, Appendix 9G.

6. FOLLOW-UP RESPONSIBILITY: The Assistant Deputy Under Secretary for Health (10NS) is responsible for the contents of this Directive.

7. RESCISSIONS: VHA Directive 10-97-058 is rescinded. This VHA Directive expires June 30, 2006.

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Under Secretary for Health

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